

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09160785</u>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* * *			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1				51			2	
2				1			52			2	
3				1			53			1	
4			1				54			1	
5				2			55			1	
6				1			56			1	
7				2			57			1	
8				2			58			1	
9				2			59			1	
10				2			60			1	
11				2			61			1	
12				2			62			1	
13				2			63			1	
14				2			64			1	
15				2			65			1	
16				2			66			1	
17				2			67			1	
18				2			68			2	
19				2			69			2	
20				2			70			2	
21				2			71			2	
22				2			72			2	
23				2			73				
24				2			74				
25				2			75				
26				2			76				
27			1				77				
28				1			78				
29				1			79				
30			1				80				
31				1			81				
32				1			82				
33				2			83				
34				2			84				
35				2			85				
36				2			86				
37				2			87				
38				2			88				
39				2			89				
40				2			90				
41				2			91				
42				2			92				
43				2			93				
44				2			94				
45				2			95				
46				2			96				
47				2			97				
48				2			98				
49				2			99				
50				2			100				
TOTAL IND.							TOTAL IND.			4	
TOTAL DEP.							TOTAL DEP.			112	
TOTAL CLAIMS							TOTAL CLAIMS			117	